

# PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09/914262

## CLAIMS AS FILED - PART I

|                                  | (Column 1)               | (Column 2)   |
|----------------------------------|--------------------------|--------------|
| TOTAL CLAIMS                     |                          |              |
| FOR                              | NUMBER FILED             | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 4 minus 20 =             |              |
| INDEPENDENT CLAIMS               | 2 minus 3 =              |              |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

2/23/15

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 15                       | Minus                              | 0             |
| Independent                                    | 5                        | Minus                              | 2             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE | OR | RATE      | FEE |
|-----------|-----|----|-----------|-----|
| BASIC FEE |     | OR | BASIC FEE | 860 |
| XS 9=     |     | OR | XS18=     |     |
| X40=      |     | OR | X80=      |     |
| +135=     |     | OR | +270=     |     |
| TOTAL     |     | OR | TOTAL     | 860 |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | 860            |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

Best Available Copy

107-05

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  | 1                        | Minus                              | 0             |
| Independent                                    | 1                        | Minus                              | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

|  | (Column 1)               | (Column 2)                         | (Column 3)    |
|--|--------------------------|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT               |                          | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total  |                          | Minus                              | 0             |
| Independent                                    |                          | Minus                              | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.